DR. GRAMSE
EVIDENCE FOR CHANGE OF SURNAME IS ON:
FILM No. G 120 MAY 23 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

023 302 02072

Reg. Dist. No. 332

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15

1. PLACE OF DEATH: COUNTY: Wicomico; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury; LENGTH OF STAY (In this place): ; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury, Maryland; STREET ADDRESS (If rural, give location): 1006 Delaware Street
3. NAME OF DECEASED (Type or Print): (First) Clement (Middle) Battie BAILEY (Last) Battie	4. DATE OF DEATH: (Month) February (Day) 7 (Year) 1949
5. SEX: Male; 6. COLOR OR RACE: Colored; 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ; 8. DATE OF BIRTH: Apr. 1916; 9. AGE last birthday: 32 yrs.; If under 1 year: Months 9, Days 27, Hours, Min.; If under 24 hrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer; 10b. KIND OF BUSINESS OR INDUSTRY: none; 11. BIRTHPLACE (State or foreign country): Wilmington Del; 12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: James Battie; 14. MOTHER'S MAIDEN NAME: Annie Battie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no; (If year, give war or dates of service): ; 16. SOCIAL SECURITY NO.: -; 17. INFORMANT: Carrie Bailey	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Syphilitic Heart Disease & Aortic

(c) Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March, 1948, to Feb. 7, 1949 that I last saw the deceased alive on Feb 7, 1949, and that death occurred at 2 10 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hazel D. Gramse	M.D.	Salisbury	Feb 9, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 10 1949	Conways Cem	Westpoint Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-10-49	Mary W. Holloway Deputy	T. Baker M. Quest.	

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02073

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 611 S. Division St.

3. NAME OF DECEASED (Type or Print) (First) Sadie (Middle) Lillian (Last) Baker

4. DATE OF DEATH (Month) February (Day) 16 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Jan. 14 1902

9. AGE last birthday 47 yrs. If under 1 year Months. Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Keeper

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Larry Elliott

14. MOTHER'S MAIDEN NAME Ella Phippin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mr. Norman K. Baker (Husband) 611 S. Div. St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cachexia — Interval between onset and death: 3 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of Uterus — 8 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1949, to 2-14, 1949, that I last saw the deceased alive on 2-14, 1949, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard E. Bolton M.D. ADDRESS Salisbury Md. DATE SIGNED 2/17/49

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial DATE Feb. 19-49 NAME OF CEMETERY OR CREMATORY Parsons Cem. LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 2-18-49 REGISTRAR'S SIGNATURE Mary M. Holloway Deputy

24. FUNERAL DIRECTOR Holloway & Walter R. Holloway ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1949
BUREAU V. S.

Lynch

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02074

421.4

CERTIFICATE OF DEATH

92d Reg. Dist. No. 336

1. PLACE OF DEATH COUNTY Wicimico Co Md MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Wicimico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Elwood (Middle) (Last) Blake

4. DATE OF DEATH (Month) Feb. (Day) 19 (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 5/22/1897

9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Parsonsburg Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Blake

14. MOTHER'S MAIDEN NAME Eliza Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT Mae Blake

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute angiotic cardiac failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Endocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1946, to Feb 19, 1949 that I last saw the deceased alive on Feb 18, 1949, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S H Lynch M.D. ADDRESS Delmar Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Feb 23 1949

NAME OF CEMETERY OR CREMATORY Glass Hill Cem

LOCATION (City, town, or county) Parsonsburg Md (State) 2/23/49

DATE REC'D BY LOCAL REG. February 23-49

REGISTRAR'S SIGNATURE Harry E. Hudson

24. FUNERAL DIRECTOR Booker M. West ADDRESS Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 25 1949
BUREAU V. S.

02075

420.1

94a

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11 336

1. PLACE OF DEATH COUNTY: Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delmar — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delmar
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RD. #3	STREET ADDRESS (If rural, give location): RD. #3

3. NAME OF DECEASED (Type or Print): (First) Littleton (Middle) Dennis (Last) Brasure

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 1-1868

9. AGE last birthday: 80 yrs. — If under 1 year: Months 11, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sussex Co. Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Littleton Brasure

14. MOTHER'S MAIDEN NAME: Mary Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Mary E. Brasure RD. #3 Delmar Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH: sudden death; several years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19....., to ..... 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10 a m., from the causes and on the date stated above.

SIGNATURE: Chas. T. Fischer (Degree or title) M.D. Deputy ADDRESS: Medical Examiner Salisbury, Md. DATE SIGNED: 2/24/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 26 1949 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG.: February 24-49 — REGISTRAR'S SIGNATURE: Harry E. Hudson

24. FUNERAL DIRECTOR: Holloway & Co. Salisbury Md — ADDRESS: Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 25 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 608. East Isabella st

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Ayers (Last) Carter

4. DATE OF DEATH (Month) Feb (Day) 4th (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 16-1863
9. AGE last birthday 75 yrs. If under 1 year: Months 7 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Salisbury Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Benjamin Thomas Carter
14. MOTHER'S MAIDEN NAME Mary Ellen Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 214-28-8213
17. INFORMANT Mr. Harold J. Carter (son) 608. E. Isabella st. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Infarction of Right Lung	14 days
Antecedent cause(s)	(b) Arterio-Sclerosis	several yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Mural Thrombosis of Heart	(?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21, 1949, to 2/4, 1949, that I last saw the deceased alive on 2/3, 1949, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. T. Fischer M.D. ADDRESS DATE SIGNED 2/4/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 6-1949
NAME OF CEMETERY OR CREMATORY Gudletree Am.
LOCATION (City, town, or county) (State) Gudletree Maryland

DATE REC'D BY LOCAL REG. 2-5-49
REGISTRAR'S SIGNATURE Mary W. Holloway Deputy
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 420.1 02077 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #2	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) R.D. #2

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Sarah	E.	Cluff	Feb.	23rd	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hr.: Hours Min.
Female	White	Married	July 9-1870	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Trenton N.J.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Frederick Schwartz	Mariah Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No			Mrs. George S. Cluff (Husband) R.D. #2 Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis.	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardites - Hypertension	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 20, 1946, to Feb 23, 1949; that I last saw the deceased alive on Feb 23, 1949, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert H Jeanes	M.D.	238 Camden Ave Salisbury Md	2-24-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 25-49	Parsons Cem.	Salisbury	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-25-49	Mary W. Holloway Deputy	Holloway & Co. Walter R Holloway	Salisbury Md

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BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

a26 30c 02078

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) 646 Church

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	Erwin	Collins	2	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	C	married	1885	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Same	Maryland	U.S.A

13. FATHER'S NAME: Thomas B. Collins
14. MOTHER'S MAIDEN NAME: Caroline E. Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		No	Mrs. Edna Mae Collins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	30 mm
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Peptic ulcer duodenum, possibly malignant	1 yr
	(c) Central Nervous System Syphilis	26 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 2-8, 1949 to 2-21, 1949, that I last saw the deceased alive on 2-21, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. H. Bell	M D	504 N. Division St	2-21-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-24-49	Methodist	Snow Hill, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-22-49	Mary W. Holloway Deputy	James F. Stewart	402 E. Church St. Salisbury, Maryland

RECEIVED
FEB 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331 02079

CERTIFICATE OF DEATH

61 Reg. Dist. No. 71 336

1. PLACE OF DEATH COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Friendly Nursing Home E. Chestnut St.	STREET ADDRESS (If rural, give location) 304. N. Division St.

3. NAME OF DECEASED (Type or Print)	(First) Flora	(Middle)	(Last) Culver	4. DATE OF DEATH	(Month) Feb. (Day) 6 (Year) 1949
5. SEX female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Unknown 1879	9. AGE last birthday 70 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work	10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Delmar Del.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Benjamin F. Gordy	14. MOTHER'S MAIDEN NAME Sallie C. Hitchens				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Carlton W. James 504. N. 2nd St. Delmar Del.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestion cardiac failure — 48 hours

Antecedent cause(s) & Diabetic coma

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & arteriosclerosis incl

(c) Cerebral Hemorrhage with at side paralysis — 7 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 4 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1948, to Feb. 6, 1949, that I last saw the deceased alive on Feb. 6, 1949, and that death occurred at Feb. 6-49 10:20 p.m., from the causes and on the date stated above.

SIGNATURE S. H. Lynch (Degree or title) ADDRESS Delmar Del. DATE SIGNED 2-8-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 9-49	NAME OF CEMETERY OR CREMATORY Parsons Cem.	LOCATION (City, town, or county) Salisbury Md. (State)
DATE REC'D BY LOCAL REG. February 8-49	REGISTRAR'S SIGNATURE Harry E. Hudson	24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. Walter R. Holloway	ADDRESS

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1949
70
1879

RECEIVED
FEB 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02680

331

830

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D.#2. (Glen st.)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS R.D.#2. (If rural, give location) (Glen st.)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	Elizabeth	Elliott	Feb	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	White	Married	(June 4. 1875)	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Maker	At Home	Frostburg Md.	U.S.

13. FATHER'S NAME: Lewis Asbury Smith

14. MOTHER'S MAIDEN NAME: Laura Jane Hillsman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. W. Burton Elliott (son) R.D.#2. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Medical Examiners Certificate, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at Feb. 4-49. 11.05 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J.A. Rademacher	MD	Salisbury Md	2-5-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 7-49	Parsons Cem.	Salisbury	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-6-49	Mary W. Holloway Deputy	Holloway & Co. Salisbury Md	Walter R. Holloway

VS. A15

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BUREAU V. S.

Dr. Mann

02681

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 331

CERTIFICATE OF DEATH 83a

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 18 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS John B. Parsons Home	STREET ADDRESS (If rural, give location) John B. Parsons Home

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Mary	Amelia	Fantom	Feb.	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Aug. 25 1870	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home work	Wicomico Co. Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac W. Sirman	Martha E. Dilghman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Records John B. Parsons Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio. Sclerosis	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 24, 1949, to Feb. 16 49, that I last saw the deceased alive on Feb 15, 1949, and that death occurred at 1135a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George R Mann	M.D.	Salisbury Md	2/18/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county)	(State)
Burial	Feb. 19-49	Parsons Cem.	Salisbury	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-18-49	Mary W. Holloway Deputy	Holloway & Co.	Salisbury Md.
		Walter R. Holloway	

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FEB 21 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02082

002

CERTIFICATE OF DEATH

13b Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland ~~Salisbury~~ COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) about 60 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Commerce Street	STREET ADDRESS (If rural give location) 300 Commerce St.

3. NAME OF DECEASED (Type or Print)	(First) Charlie	(Middle)	(Last) Farlow	4. DATE OF DEATH	(Month) 2	(Day) 2	(Year) 1949
5. SEX Male	6. COLOR OR RACE a a	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH about 1877	9. AGE last birthday about 71 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Frankfort, Delaware	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Moses Farlow	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) ✓	16. SOCIAL SECURITY NO. Lost	17. INFORMANT Blanche Farlow					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Oct. 1948 to Feb. 2, 49
Antecedent cause(s)	(b) Mitral Regurgitation	Oct. 48 - Feb. 2, 49
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 5, 1948, to Feb 2, 1949, that I last saw the deceased alive on Feb. 1, 1949, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. Herbert Sembly		500 E. Church St Salisbury Md	2/4/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-6-49	NAME OF CEMETERY OR CREMATORY Glass Hill	LOCATION (City, town, or county) Parsonsburg	(State) Md
DATE REC'D BY LOCAL REG. 2-7-49	REGISTRAR'S SIGNATURE Mary W. Holloway Deputy	24. FUNERAL DIRECTOR James F. Stewart	ADDRESS 402 E. Church St Salisbury, Md.	

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02083

2411 N. Charles Street, Baltimore 421.4

CERTIFICATE OF DEATH 92d

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; MARYLAND; LENGTH OF STAY (in this place) 3 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Delmar; STREET ADDRESS (If rural, give location) John B Parsons Home
3. NAME OF DECEASED (Type or Print): (First) DeLLa (Middle) FLORA (Last) FarLow	4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1949
5. SEX: F	6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: Mar 28, 1877
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days / Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Whitesville Md	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Thomas Hearn	14. MOTHER'S MAIDEN NAME: Isabella Gordy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. —
17. INFORMANT: Mrs Parker of John B Parsons Home	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Valvular Heart Disease — Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Unknown

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — Unknown

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 48, to Feb 23 49, that I last saw the deceased alive on Feb 22, 1949, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Vernon R Mann MD		Salisbury Md	3/24/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/25/49	Parsons Cemetery	Salisbury	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-25-49	Mary W. Holloway Deputy	The Hill & Johnson Co	Salisbury Md

VS. A15

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FEB 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02084

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CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DELAWARE; COUNTY SUSSEX; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CANNON; STREET ADDRESS (If rural, give location) NO STREET

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) JOSEPH (Last) Fleetwood

4. DATE OF DEATH: (Month) February (Day) 5 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: MAR 11, 1876

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: STORE

11. BIRTHPLACE (State or foreign country): CANNON, DELAWARE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES B. FLEETWOOD

14. MOTHER'S MAIDEN NAME: LILLIE B. ALLEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: MRS. ANNIE C. FLEETWOOD, CANNON, DELAWARE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — Interval Between Onset and Death: 1 month

Antecedent cause(s) (b) Arteriosclerotic Heart Disease — Interval Between Onset and Death: Symptoms 1 month

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) — Interval Between Onset and Death: Symptoms 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of Liver

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1949 to Feb 5, 1949, that I last saw the deceased alive on Feb 5, 1949, and that death occurred at 1:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David J. Gilmore M.D. Salisbury Md. Feb. 5, 1949

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: FEB 7 1949 — NAME OF CEMETERY OR CREMATORY: ODD FELLOWS CEMETERY — LOCATION (City, town, or county) (State): SEAFORD, SUSSEX, DELAWARE

DATE REC'D BY LOCAL REG. 2-7-49 — REGISTRAR'S SIGNATURE: Mary M. Holloway Deputy — 24. FUNERAL DIRECTOR: MEDFORD L. WATSON JR — ADDRESS: SEAFORD DELAWARE

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FEB 9 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02085

177

CERTIFICATE OF DEATH

51A

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P. G. Hoyt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 307. Baker street.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) W. (Last) Foskey

4. DATE OF DEATH (Month) Feb. (Day) 3rd (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 4-1871.
9. AGE last birthday 77 yrs. If under 1 year Months. 3 Days 29 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Lumber Mill
11. BIRTHPLACE (State or foreign country) Salisbury Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Benjamin Foskey
14. MOTHER'S MAIDEN NAME Eliza Jane Workman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY No. 218-05-8916
17. INFORMANT Mrs. Velma White 307. Baker st Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cellulitis of Perineum

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Urinary Extravasation

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION Jan 28, 1949
19b. MAJOR FINDINGS OF OPERATION Same
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1949, to Feb 3, 1949, that I last saw the deceased alive on Feb. 3rd, 1949, and that death occurred at 545a m., from the causes and on the date stated above.

SIGNATURE P. C. M. Wade (Degree or title) M.H. ADDRESS Salisbury Md DATE SIGNED 7/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 5-49
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 2-5-49
REGISTRAR'S SIGNATURE Mary W. Holloway Deputy
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 7 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) M. (Last) France Sr

4. DATE OF DEATH (Month) Feb. (Day) 27 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH March 13, 1889

9. AGE last birthday 59 yrs. If under 1 year: Months 11, Days 15. If under 24 hrs.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) watermen

10b. KIND OF BUSINESS OR INDUSTRY Oyster

11. BIRTHPLACE (State or foreign country) Chance Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George McClellan France

14. MOTHER'S MAIDEN NAME Laura V. Shores

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Eldridge France

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Crushing Injury of Brain	sudden
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Automobile collision	sudden
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) near Eden (COUNTY) Wicomico (STATE) Md

TIME OF INJURY (Month) Feb (Day) 27 (Year) 1949 (Hour) 7:00 P.m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Automobile collision

22. I hereby certify that I attended the deceased from Medical Examiners Certificate, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE Chas. F. Fisher M.D. (Degree or title) Deputy Medical Examiner ADDRESS Salisbury, Md. DATE SIGNED 2-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE March 2, 1949 NAME OF CEMETERY OR CREMATORY Chance Cemetery LOCATION (City, town, or county) Chance (State) Md.

DATE REC'D BY LOCAL REG. 2-28-49 REGISTRAR'S SIGNATURE Mary W. Holloway Deputy

24. FUNERAL DIRECTOR Dale Washiell ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02087

161

CERTIFICATE OF DEATH

47a Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY: Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 313. Elizabeth St.	STREET ADDRESS (If rural, give location): 313. Elizabeth St.

3. NAME OF DECEASED (Type or Print): (First) Alpha (Middle) Trower (Last) Goffigon

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1949

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: (Dec. 29-1875) — 9. AGE last birthday: 73 yrs. — If under 1 Months, 1 year Days, If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith — 10b. KIND OF BUSINESS OR INDUSTRY: Iron work — 11. BIRTHPLACE (State or foreign country): Capeville Va. — 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Thomas L. Goffigon — 14. MOTHER'S MAIDEN NAME: Margaret E. Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Yes — 16. SOCIAL SECURITY NO.: — 17. INFORMANT: Mrs. Ida Goffigon (Wife) 313. Elizabeth St. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia	2-3 months
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of larynx	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: January 28 1949 — 19b. MAJOR FINDINGS OF OPERATION: Normal anatomy (gastrostomy — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1949, to 2-16, 1949, that I last saw the deceased alive on 2-10, 1949, and that death occurred at 5.40 a.m., from the causes and on the date stated above.

SIGNATURE: Hugh E. Bolton (Degree or title) M.D. — ADDRESS: Salisbury Md — DATE SIGNED: 2/17/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 18-49 — NAME OF CEMETERY OR CREMATORY: Parsons Cem — LOCATION (City, town, or county): Salisbury (State) Md

DATE REC'D BY LOCAL REG.: 2-18-49 — REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy — 24. FUNERAL DIRECTOR: Holloway & Co. Walter R. Holloway — ADDRESS: Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443 02088

CERTIFICATE OF DEATH 93d Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md; STREET ADDRESS (If rural give location) 707 N Division St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ralph	Hall	Grier	2	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W		Feb 13, 1887	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Business Manager	Foundry	Milford Delaware	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert D Grier	Lydia Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	None	Mrs Lay Phillips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	Symptoms one month
	(c) Essential Hypertension	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease — Symptoms 2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June, 1948, to Feb 18, 1949, that I last saw the deceased alive on Feb 18, 1949, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
David J Gilmore M.D.	Salisbury Md.	Feb. 19, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 21, 1949	Parsons Cemetery	Salisbury	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-21-49	Mary W. Holloway Deputy	Hill & Johnson Co	Salisbury

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02089

331

CERTIFICATE OF DEATH 830 Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 11 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS RD #3,	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) RD #3
3. NAME OF DECEASED (Type or Print): (First) Sallie (Middle) Martha (Last) Hancock	4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1949
5. SEX: female; 6. COLOR OR RACE: White; 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: Dec. 17 1877; 9. AGE last birthday: 71 yrs.; If under 1 year: Months. 2, Days, Hours, Min.; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework; 10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Pawnbury Md.; 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Ebenezer Hancock	14. MOTHER'S MAIDEN NAME: Amelia Norman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If year, give war or dates of service): No	16. SOCIAL SECURITY NO.
	17. INFORMANT: M. Ernest M. Hancock, RD 3 Salisbury Md. (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension - arteriosclerosis	
	(c) Total blindness for 20 years cause unknown	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —		20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec. 1948, to day of death, that I last saw the deceased alive on 2-18-49 19..., and that death occurred at 9.40 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank R Lewis	M.D.	New Hope Md	2-20-49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 21-1949	Bethel Cem.	Walston Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-21-49	Mary W Holloway Deputy	Holloway & Co	Salisbury Md.

Walter R. Holloway

VS. A15

RECEIVED
FEB 23 1949
BUREAU V. S.

Mr. Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02090

332

CERTIFICATE OF DEATH 332 Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
MARYLAND — LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Dealsland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Maryland
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) (Last) Harris

4. DATE OF DEATH: (Month) February (Day) 1 (Year) 1949

5. SEX: Fem
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec 10 1880
9. AGE last birthday: 68 yrs. — If under 1 year: Months 1, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dealsland Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hamilton Bivens
14. MOTHER'S MAIDEN NAME: Elizebeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lloyd Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thrombus - Middle Cerebral Artery — 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c) Cerebral Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Abscess of liver; Left renal calculus with pyelonephritis — Symptom 1 month

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1949 to Feb. 1, 1949, that I last saw the deceased alive on Jan. 31, 1949, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Alan J. Gilmore M.D. Salisbury Md. Feb 1, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Feb 4-1949
NAME OF CEMETERY OR CREMATORY: Dealsland
LOCATION (City, town, or county) (State): Dealsland Md

DATE REC'D BY LOCAL REG.: Feb. 1, 1949
REGISTRAR'S SIGNATURE: Louise Strong Taylor
24. FUNERAL DIRECTOR: Charles H Ward
ADDRESS: Marion Md

RECEIVED
FEB 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

420.1 938

02091

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 2 days 13 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicom.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location) Broad St Ext.

3. NAME OF DECEASED (Type or Print): (First) Mrs. (Middle) MINNIE (Last) HENRY

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: April 15, 1867

9. AGE last birthday: 81 yrs. If under 1 year: Months 10, Days 14, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York N. Y.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Dr Benjamin F. Vosburgh

14. MOTHER'S MAIDEN NAME: Mary A. Ball.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Elden Parton Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	4 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis of Coronary Arteries	Symptom 3 years
	(c) Essential Hypertension	Symptom 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart disease — 3 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from August, 1947, to Feb 27, 1949, that I last saw the deceased alive on Feb. 26, 1949, and that death occurred at 4:45 A. m., from the causes and on the date stated above.

SIGNATURE: David J Gilmore (Degree or title) M.D. ADDRESS: Salisbury, Md. DATE SIGNED: Feb. 27 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 3/2/49; NAME OF CEMETERY OR CREMATORY: St. Paul's; LOCATION (City, town, or county) (State): Berlin Md

DATE REC'D BY LOCAL REG.: 3-7-49; REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy

24. FUNERAL DIRECTOR: Bruce A. Bunting; ADDRESS: Berlin Md

RECEIVED
MAR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8 12.5 170 C

02092

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (In this place) 2 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS City Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Russell	Higgins	Feb	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Aug 26. 1871	77-6-2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Lawyer		Centreville Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Higgins	Mary Venip

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs Lulu T. Higgins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia (Congestive)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Double fracture of Right femur

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Insufficiency

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
accident	His home	Snow Hill	Worcester	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☒	HOW DID INJURY OCCUR?
Feb	21	1949	5 P.M.			as he stepped from Johnson Gas.

22. I hereby certify that I attended the deceased from Feb 28th 49, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12 M. m., from the causes and on the date stated above.

SIGNATURE W E Gantorius (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED 2/28/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 1 49	Rushgis	Pocomoke City	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-5-49	Mary W. Holloway Deputy	Clay Dennis	Snow Hill Md

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

420.1 94a 02093

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1211. N. Division

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 1211. N. Division st.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Hopkins
4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 24 - 1872
9. AGE last birthday: 76 yrs. — If under 1 year: Months 2, Days 20 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher of Music
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt. Vernon Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William W. Hopkins
14. MOTHER'S MAIDEN NAME: Henrietta F. Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Minnie B. Hopkins (Wife) 1211. N. Div. st. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Embolus. — 1 hour

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 14, 1949, to Feb 14, 1949, that I last saw the deceased alive on Feb 14, 1949, and that death occurred at Feb 14-49 - 9 30 P m., from the causes and on the date stated above.

SIGNATURE: John H. Yeaman M.D. (Degree or title) — ADDRESS: 238 Camden Ave, Salisbury, Md — DATE SIGNED: 2-15-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 17-49 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county): Salisbury, Md. (State)

DATE REC'D BY LOCAL REG.: 2-16-49 — REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy — 24. FUNERAL DIRECTOR: Holloway & Co. Walter R. Holloway — ADDRESS: Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 18 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

EVIDENCE FOR CHANGE OF BIRTHDATE IS ON: FILM # G119-3-9-49

443 02094

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; CITY OR TOWN Salisbury; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY OR TOWN Salisbury; STREET ADDRESS (If rural, give location) R.7.D.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) February (Day) 23 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 2/13/1884

9. AGE last birthday: 65 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Horntown, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Johnson

14. MOTHER'S MAIDEN NAME: Elizabeth Crosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Marie Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	8 hrs.
Antecedent cause(s)	(b) Hypertensive Cardio. Vascular Disease	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) " Retino pathy	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11 2/23, 19 49, to 2/11 2/23, 19 49, that I last saw the deceased alive on 2/23, 19 49, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Lambert Jr. M.D. ADDRESS Peninsula General Hosp. Salisbury Md. DATE SIGNED 2/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 2-27-49

NAME OF CEMETERY OR CREMATORY: Green Acres

LOCATION (City, town, or county): Salisbury (State): Md.

DATE REC'D BY LOCAL REG. 2-26-49

REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy

24. FUNERAL DIRECTOR: James F. Stewart ADDRESS: 402 E. Church St. Salisbury, Md.

RECEIVED
MAR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

62695

334

CERTIFICATE OF DEATH 83a

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 806 N. Division St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 806 N. Division St.

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) L. (Last) Jones

4. DATE OF DEATH: (Month) Feb. (Day) 10 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 22-1865

9. AGE last birthday: 83 yrs. If under 1 year: Months; If under 24 hrs.: Days 18, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Wico Co. Salisbury Md.

12. CITIZEN OF WHAT COUNTRY: U. S.

13. FATHER'S NAME: George Ritchie Parlow

14. MOTHER'S MAIDEN NAME: Hester Ann Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Walter R. Holloway (Daughter) 806 N. Division St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Rupture cerebral artery	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Previous stroke July 1948	
	(c) Fract. L. hip July 1948	8 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1948

19b. MAJOR FINDINGS OF OPERATION: Pinning of L. hip - good recovery

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Feb. 10, 1949, that I last saw the deceased alive on Feb. 10, 1949, and that death occurred at Feb. 10-49 10:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert R. Starr M.D. Salisbury Feb. 11, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 14-49 — NAME OF CEMETERY OR CREMATORY: Parsons Cem. — LOCATION (City, town, or county): Salisbury — (State): Md.

DATE REC'D BY LOCAL REG. 2-11-49 — REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy

24. FUNERAL DIRECTOR: Holloway & Co. Salisbury Md. Walter R. Holloway — ADDRESS

VS. A15

RECEIVED
FEB 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.0

02096

CERTIFICATE OF DEATH 93d

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 12 days 16hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Wisc~~ Md COUNTY Wico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 415 Davis St

3. NAME OF DECEASED (Type or Print): (First) Sophie (Middle) (Last) Keyser

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: Oct. 10, 1866

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. ——

17. INFORMANT: Worcester County Welfare Board.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease (c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 3 months (b) Symptoms 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia. Nephrosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1949, to Feb. 20, 1949, that I last saw the deceased alive on Feb. 19, 1949, and that death occurred at 12:10A m., from the causes and on the date stated above.

SIGNATURE David Gilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 2/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 2/23/49; NAME OF CEMETERY OR CREMATORY Salem M.E. Cemetery; LOCATION (City, town, or county) Pocomoke (State)

DATE REC'D BY LOCAL REG. 2-21-49; REGISTRAR'S SIGNATURE Mary W. Holloway Deputy

24. FUNERAL DIRECTOR Henry H. Watkins; ADDRESS Pocomoke Md

RECEIVED
FEB 23 1949
BUREAU V. S.

Dr. Emeric.

02097

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331

CERTIFICATE OF DEATH

83a

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicimico Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wellpquin
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicimico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wellpquin Md.
STREET ADDRESS (If rural give location) Same as above.

3. NAME OF DECEASED (Type or Print) (First) Rebecca (Middle) Jones (Last) Langford

4. DATE OF DEATH (Month) Feb (Day) 14 (Year) 1949

5. SEX female
5. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1893
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Wellpquin Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Jones
14. MOTHER'S MAIDEN NAME Mary C Stanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Asbury Lankford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 13, 1949, to Feb. 14, 1949 that I last saw the deceased alive on Feb. 14, 1949, and that death occurred at 8.30 P.m., from the causes and on the date stated above.

SIGNATURE William Emerick (Degree or title) MD. ADDRESS Helsor - Md DATE SIGNED Feb. 16-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 20, 1949
NAME OF CEMETERY OR CREMATORY Odd Fellows Cem
LOCATION (City, town, or county) Wellpquin Md (State)

DATE REC'D BY LOCAL REG. 2-19-49
REGISTRAR'S SIGNATURE Mary W. Holloway Deputy
24. FUNERAL DIRECTOR Booker M. West, ADDRESS Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1949
BUREAU F. S.

Dr. Hanne

02098

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

760.5
160b

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Chesapeake Heights
STREET ADDRESS (If rural, give location) off Ocean City Rd.

3. NAME OF DECEASED (Type or Print) (First) MITZI (Middle) ANNE (Last) Laws

4. DATE OF DEATH (Month) Feb (Day) 9 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 2-6-49 (5:22 AM)

9. AGE last birthday yrs. — If under 1 year: Months. Days 3 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Albert Franklin Laws

14. MOTHER'S MAIDEN NAME Marjorie Ann Dodds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Albert Laws

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral birth injury + Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1949, to Feb 9, 1946, that I last saw the deceased alive on Feb 9, 1949, and that death occurred at 8:29 A m., from the causes and on the date stated above.

SIGNATURE Fred. R. Cramse, M.D. (Degree or title) — ADDRESS Salisbury, Md. — DATE SIGNED Feb. 9, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Cremation — DATE 2/10/49 — NAME OF CEMETERY OR CREMATORY Peninsula General Hospital — LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 2-10-49 — REGISTRAR'S SIGNATURE Mary W. Holloway Deputy — 24. FUNERAL DIRECTOR Peninsula General Hospital — ADDRESS Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 12 1949
BUREAU V. S.

Dr. Robbins.

EVIDENCE FOR REARRANGEMENT #18 IS ON: FILM# G119-4-1-49 A

02099

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willards — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D. #1.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willards
STREET ADDRESS (If rural, give location): R.D. #1.

3. NAME OF DECEASED (Type or Print): (First) Della (Middle) Kate (Last) Lewis
4. DATE OF DEATH: (Month) Feb. (Day) 9th (Year) 1949
5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May 27-1875
9. AGE last birthday: 73 yrs. — If under 1 year: Months 8 Days 12 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home work
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): R.D. #1. Willards Md.
12. CITIZEN OF WHAT COUNTRY? N.S.
13. FATHER'S NAME: Thomas Handy Timmons
14. MOTHER'S MAIDEN NAME: Laura — unknown —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT: Mrs. Joseph Banker (Daughter) Fruitland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) (b) Chronic Bronchiectasis — 3 yrs

526 Antecedent cause(s) (a) (b) Chronic Degenerative Myocarditis c̄ — 10 yrs

93 d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II Influenza 10 yrs ago — Pulmonary edema (3/31/49 - S)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Dec, 1948 to 9th Feb, 1949, that I last saw the deceased alive on 9th Feb, 1949, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE: Hermanck Robbins (Degree or title) M.D. — ADDRESS: Berlin, Md. — DATE SIGNED: 2-9-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 12-49 — NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cem. — LOCATION (City, town, or county) (State): R.D. #1 Willards Md.

DATE REC'D BY LOCAL REG.: 2-10-49 — REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy — 24. FUNERAL DIRECTOR: Holloway & Co. Salisbury Md. — ADDRESS: Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 12 1949
BUREAU V. S.

02100

Dr. Long-Brielle

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

200.1

CERTIFICATE OF DEATH

46b Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Millard (Middle) F (Last) Long			4. DATE OF DEATH (Month) February (Day) 11 (Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married	8. DATE OF BIRTH Apr 6 1874	9. AGE last birthday 74 yrs.	If under 1 year Months 10 Days 5 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Maryland Somerset	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Theodore Long Maryland		14. MOTHER'S MAIDEN NAME Sena Boyman Maryland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Mr. Roderick Westover Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lymphosarcoma stomach — 1 yr. [illegible]

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2.11.49	19b. MAJOR FINDINGS OF OPERATION Lymphosarcoma stomach inoperable	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.10, 1949, to 2.11, 1949 that I last saw the deceased alive on 2.11, 1949, and that death occurred at 3 45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. A. Brielle	M.D.	504 N. Division St	2.11.49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE Feb. 13-49	NAME OF CEMETERY OR CREMATORY Long Cemetery	LOCATION (City, town, or county) (State) Near Westover Md.
DATE REC'D BY LOCAL REG. 2/12/49	REGISTRAR'S SIGNATURE Mary W. Holloway - Dep.	24. FUNERAL DIRECTOR Leim R. Wilson	ADDRESS Princess Anne, Md.

PEN. GEN. HOSP. per T.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02101

2411 N. Charles Street, Baltimore

442

CERTIFICATE OF DEATH 131a Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) EGGEN (Last) LONG

4. DATE OF DEATH (Month) Feb. (Day) 14 (Year) 1949

5. SEX F

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan. 10. 1878

9. AGE last birthday 71 yrs. If under 1 year: Months 1, Days 4, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Tyaskin, Md.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Benjamin Wilson

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mary Conway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Arterio sclerotic Cardio vas-	2 years.
	(c) cular Renal Disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Jan, 1949 to 14 Feb, 1949, that I last saw the deceased alive on 14 Feb, 1949 and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard H. Saunders Pocomoke Md. 16 Feb 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 20 Feb. 1949

NAME OF CEMETERY OR CREMATORY Parsons Cemetery

LOCATION (City, town, or county) (State) Tyaskin, Md.

DATE REC'D BY LOCAL REG. 2-18-49

REGISTRAR'S SIGNATURE Mary W. Holloway Deputy

24. FUNERAL DIRECTOR Holloway & Salisbury

ADDRESS Md.

Walter R. Holloway

RECEIVED
FEB 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02102

420.1

CERTIFICATE OF DEATH 94a

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): 716 South Park

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Ward (Last) Lowe

4. DATE OF DEATH: (Month) 2 (Day) 18 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 1, 1891

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Laurel Delaware

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Howard P Ward

14. MOTHER'S MAIDEN NAME: alice Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs V C Wimbrow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	one day
Antecedent cause(s)		Symptoms
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Artery Arteriosclerosis	one year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1948, to Feb. 19, 1949, that I last saw the deceased alive on Feb. 17, 1949, and that death occurred at 3 45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David J Gilmore M.D. Salisbury Md. 2/19/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Feb 19, 1949

NAME OF CEMETERY OR CREMATORY: Parsons Cemetery

LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG.: 2-19-49

REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy

24. FUNERAL DIRECTOR: The Hill + Johnson Co

ADDRESS: Salisbury Md

RECEIVED
FEB 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 02103

CERTIFICATE OF DEATH

940 Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
LENGTH OF STAY (in this place) 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hebron
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ellen (Last) Miles

4. DATE OF DEATH (Month) Feb (Day) 21st (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 8/25/68
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Machiporgo, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Leonard Carpenter
14. MOTHER'S MAIDEN NAME Elizabeth Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Evelyn Isdell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary disease — INTERVAL BETWEEN ONSET AND DEATH: sudden death.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — several years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Medical Examiners Certificate, that I last saw the deceased alive on ....., 19....., and that death occurred at 4:00 P.m., from the causes and on the date stated above.

SIGNATURE Chas. F. Fisher M.D. (Degree or title) ADDRESS Deputy Medical Examiner DATE SIGNED 2/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/23/49
NAME OF CEMETERY OR CREMATORY Johnsontown Cem.
LOCATION (City, town, or county) Johnsontown, Va. (State)

DATE REC'D BY LOCAL REG. 2-23-49
REGISTRAR'S SIGNATURE Mary W. Holloway Deputy
24. FUNERAL DIRECTOR David R. Messick
ADDRESS Hebron, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02104

443

CERTIFICATE OF DEATH 93d

Reg. Dist. No. 337

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (In this place) one month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nutters Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) 401 Oxford St.

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (Last) MITCHELL

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 4, 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1876

9. AGE last birthday: 73 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm labor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis Mitchell

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Florence Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 1 month

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis — Indef.

(c) Hypertension — Indef.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1949, to Feb 4, 1949, that I last saw the deceased alive on Feb 4, 1949, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. A. Purnell, M.D. | ADDRESS 800 W main St. Salisbury Md | DATE SIGNED Feb 4 1949

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE Feb. 8, 1949 | NAME OF CEMETERY OR CREMATORY Hall's Hill Cemetery | LOCATION (City, town, or county) (State) Pocomoke, Maryland

DATE REC'D BY LOCAL REG. Feb. 8, 1949 | REGISTRAR'S SIGNATURE Janice E. Spires

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors | ADDRESS Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02105

421.4

CERTIFICATE OF DEATH

92d Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Snow Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Salisbury
STREET ADDRESS (If rural give location) Snow Hill Rd

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Washington (Last) Mitchell

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct 13, 1882

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Mitchell

14. MOTHER'S MAIDEN NAME: Mary Lilghman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Joseph Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Valvular Heart Disease — Years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Low Blood Pressure — 10 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1949 to Feb 2, 1949, that I last saw the deceased alive on Feb 1, 1949, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

SIGNATURE: James R Mann — (Degree or title): M.D. — ADDRESS: Salisbury Md — DATE SIGNED: Feb 3. 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb 5/1949 — NAME OF CEMETERY OR CREMATORY: Gilghman Burial Plot — LOCATION (City, town, or county) (State): Salisbury, Wicomico Md

DATE REC'D BY LOCAL REG. 2-5-49 — REGISTRAR'S SIGNATURE: Mary W. Holloway, Deputy — 24. FUNERAL DIRECTOR — ADDRESS: The Hill & Johnson Co Salisbury Md

VS. A15

RECEIVED
FEB 7 1949
BUREAU U. S.

Dr. Gray

02106

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

155
46f

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #2	STREET ADDRESS (If rural, give location) R.D. #2

3. NAME OF DECEASED (Type or Print)	(First) Roza	(Middle)	(Last) Mumford	DATE OF DEATH	(Month) Feb.	(Day) 15-	(Year) 1949		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 22-1893	9. AGE last birthday 55 yrs.	If under 1 year Months 5	Days 23	If under 24 hrs. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Wango Md.	12. CITIZEN OF WHAT COUNTRY U.S.						
13. FATHER'S NAME John Sampson Wilkens		14. MOTHER'S MAIDEN NAME Hester Parker							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Ethel Bradford (daughter) R.D. #1. Pittsville Md.						

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hepatic Coma	Feb. 10, 1949
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerenoma of Gall Bladder	
	(c) Metastasis to Liver	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Nov. 4, 1948	19b. MAJOR FINDINGS OF OPERATION C A of Gallbladder & Liver metastases		20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 1, 1948, to Feb 15, 1949, that I last saw the deceased alive on Feb 15, 1949, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William D Gray MD	Salisbury Md	2/18/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 18-49	Wango Cem.	Wango Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-18-49	Mary W. Holloway Deputy	Holloway & Co. Salisbury Md.	Salisbury Md.

RECEIVED
FEB 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 420.0 02107

CERTIFICATE OF DEATH 93d Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STATE MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Salisbury; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland; STREET ADDRESS (If rural give location) no

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Queen

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown

8. DATE OF BIRTH: Unknown

9. AGE last birthday: about 65 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Peninsula General Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 20 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Bronchial Asthma.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1949, to Feb. 1, 1949, that I last saw the deceased alive on Feb. 1, 1949, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE: Joseph H. Foley (Degree or title) M. D. ADDRESS: Peninsula Gen. Hospital DATE SIGNED: Feb. 1, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2-4-49 — NAME OF CEMETERY OR CREMATORY: Public — LOCATION (City, town, or county) (State): Salisbury Md.

DATE REC'D BY LOCAL REG.: February 4, 1949 — REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR: James F. Stewart — ADDRESS: 402 E. Church St Salisbury, Md.

VS. A15

6581
29
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RECEIVED
FEB 7 1949
BUREAU T. S.

Dr. Bolton

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5-26 02108

CERTIFICATE OF DEATH 1064

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) (Last) Parsons

4. DATE OF DEATH: (Month) Feb. (Day) 9th (Year) 1949

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: June 23-1854

9. AGE last birthday: 54 yrs. If under 1 year: Months 7, Days 16. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): R.D. Salisbury Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Huntington

14. MOTHER'S MAIDEN NAME: Ella Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. James M. Parsons Parsonsburg Md. (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cachexia	One Month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchiectasis & pulmonary fibrosis	4 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT — SUICIDE — HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Dec, 1948, to 8 Feb, 1949 that I last saw the deceased alive on 8 Feb, 1949, and that death occurred at Feb 9-49-6.30 a.m., from the causes and on the date stated above.

SIGNATURE Houck E Bolton (Degree or title) M.D. ADDRESS Pittsville, md. DATE SIGNED 2/9/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Feb. 11-49 — NAME OF CEMETERY OR CREMATORY Parsonsburg Cem. — LOCATION (City, town, or county) Parsonsburg (State) Md.

DATE REC'D BY LOCAL REG. 2-10-49 — REGISTRAR'S SIGNATURE Mary W. Holloway Deputy — 24. FUNERAL DIRECTOR Holloway & Salisbury Md. — ADDRESS Walter R. Holloway

VS. A15

RECEIVED
FEB 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02109

CERTIFICATE OF DEATH

83a Reg. Dist. No. 11

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
MARYLAND
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 East Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) 209 East st.

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) Edith (Last) Parsons

4. DATE OF DEATH (Month) Feb. (Day) 27th (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb. 14 1869

9. AGE last birthday 80 yrs. If under 1 year Months. Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) Delmar Del R.F.D. Sussex County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Elijah Culver

14. MOTHER'S MAIDEN NAME Ellen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Leora Mae Parsons 209 East St. Delmar Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 19 48 to 2-27 19 49, that I last saw the deceased alive on 2-27 19 49, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE A. V. Soller (Degree or title) M.D. ADDRESS Delmar, Del. DATE SIGNED Febr 28 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE Mar. May 1-49 NAME OF CEMETERY OR CREMATORY M.P. Cemetery LOCATION (City, town, or county) (State) Delmar Del.

DATE REC'D BY LOCAL REG. February 28, 1949 REGISTRAR'S SIGNATURE Harry E. Hudson

24. FUNERAL DIRECTOR Holloway & Lee ADDRESS Salisbury Md
S. Preston Holloway

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 02110
94a

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Worcester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) 14 Franklin Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Walter	W.	Powell	February	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	MARRIED	MAY 28, 1889	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BERLIN, MD RFD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Powell
14. MOTHER'S MAIDEN NAME: Clarita Brittingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Walter Powell.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Artery Occlusion — Interval between onset and death: 20 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis of Coronary Arteries

(c) Multiple Arterial Thrombi right leg

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of right leg

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb. 3, 1949	Gangrene right foot	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 16, 1949, to Feb. 7, 1949, that I last saw the deceased alive on Feb. 7, 1949, and that death occurred at 12:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David Gilmore M.D. Salisbury Md. Feb 7, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/9/49	Evergreen	Berlin Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-10-1949	Mary W. Holloway Deputy	Anna A. Bunting.	

VS. A15

RECEIVED
FEB 12 1949
BUREAU U. S.

BIRTH CERT. FILED UNDER SURNAME EVANS.

Dr. Morgan

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

776 02111

CERTIFICATE OF DEATH

159 Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY SOMST.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pr. Anne
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) (Last) Purnell

4. DATE OF DEATH (Month) February (Day) 7 (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 2-6-49

9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours Min. 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no

10b. KIND OF BUSINESS OR INDUSTRY no

11. BIRTHPLACE (State or foreign country) Somst. Co. - Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Lucy Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT Lucy Purnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — Yes 24 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1949, to Feb 7, 1949, that I last saw the deceased alive on Feb 7, 1949, and that death occurred at 5 45 A.m., from the causes and on the date stated above.

SIGNATURE William C. Morgan (Degree or title) M.D ADDRESS 502 N. Division DATE SIGNED Feb 7, '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 2-9-49 — NAME OF CEMETERY OR CREMATORY Public Cemetery — LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 2-9-1949 — REGISTRAR'S SIGNATURE Mary W. Holloway Deputy — 24. FUNERAL DIRECTOR James F. Stewart, 402 E. Church St. ADDRESS Salisbury, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

921.0 02112

CERTIFICATE OF DEATH 1950 Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ingraide to Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Salisbury Blvd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Vaughn	Edward	Richardson Jr.	February	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White		Oct 2nd 1948	yrs.	3	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md. Wic. Co.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vaughn Edw Richardson	Mary Jane McMongal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no			Dwight E. Richardson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Asphyxia	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Aspiration of milk	sudden
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Salisbury	Wic Co.	

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from ~~June 1st~~ 19 to ~~Feb 16th~~ 19, that I last saw the deceased alive on ..., 19..., and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Elena T. Fischer Asst. Deputy Asst. Examiner	Salisbury Md	2/16'49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/18/49	Wicomico Memorial Park	Salisbury	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/17/49	Mary W. Holloway Deputy	The Hall & Johnson Co	Salisbury, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1949
BUREAU T. S.

Evidence for change of age is on:
FILM No. G 119 FEB 21 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

450.0 02113

CERTIFICATE OF DEATH

106c

Reg. Dist. No. 335

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Md RD
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Elnora (Last) Russell
4. DATE OF DEATH (Month) 2 (Day) 3 (Year) 1949
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 12-1864
9. AGE last birthday 84 ~~85~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ephram Bennett
14. MOTHER'S MAIDEN NAME Sarah Marine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Edward Bailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio Sclerosis ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis week

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to Feb 3, 1949, that I last saw the deceased alive on Feb 2, 1949, and that death occurred at 11 45a m., from the causes and on the date stated above.

SIGNATURE H B Kuhlman (Degree or title) M.D. ADDRESS Sharptown, Md. DATE SIGNED 2/4/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE 2-5-1949 NAME OF CEMETERY OR CREMATORY Riverton LOCATION (City, town, or county) Riverton (State) Md

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE Walter G. Mann
24. FUNERAL DIRECTOR Gravenor Bros ADDRESS Sharptown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

176 02114

CERTIFICATE OF DEATH

55e Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Stone			4. DATE OF DEATH (Month) 2 (Day) 5 (Year) 1949		
5. SEX Female	6. COLOR OR RACE a a	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow	8. DATE OF BIRTH 1899	9. AGE last birthday 50 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Lula Trader		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —		16. SOCIAL SECURITY NO. no	17. INFORMANT Lillie Mae Stone		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma (Pelvic) — 6 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pregnancies with Tears

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept. 22, 48 Oct. 22, 48	19b. MAJOR FINDINGS OF OPERATION Supra-Vaginal Hysterectomy - Bilateral Ureteroscopic Ostomy	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE Oct. 20, 48 (Specify) no	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) Bi-lateral Salpingoophorectomy (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28, 1948, to Feb. 5, 1949, that I last saw the deceased alive on Feb. 4, 1949, and that death occurred at 3 30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G H Sembly	M D.	Salisbury Md	2/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-12-49	NAME OF CEMETERY OR CREMATORY Glass Hill	LOCATION (City, town, or county) Parsonsburg (State) 402 E. Church
DATE REC'D BY LOCAL REG. 2-12-49	REGISTRAR'S SIGNATURE Mary W. Holloway Deputy	24. FUNERAL DIRECTOR James F. Stewart, Salisbury, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02115

191

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R.D. #2

3. NAME OF DECEASED (Type or Print): (First) Martin (Middle) [illegible] (Last) Thommen

4. DATE OF DEATH: (Month) Feb. (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 14 1870

9. AGE last birthday: 78 yrs. If under 1 year: Months 3 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Switzerland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Thommen

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Herman Thommen 406 Baker st. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of rt. cheek (c) involving throat,

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert R. Starr — ADDRESS Salisbury — DATE SIGNED 2-25-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Feb. 27-1949 — NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park — LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 2-26-49 — REGISTRAR'S SIGNATURE Mary W. Holloway Deputy

24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. — ADDRESS Walter R. Holloway

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 1 1949
BUREAU V. S.

02116

EVIDENCE FOR ADDITIONS IN # 21 IS ON:

FILM No. G 119 MAR 28 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

979
164f

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 32
HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 East Isabella

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md
STREET ADDRESS (If rural give location) 205 E. Isabella

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Tilghman

4. DATE OF DEATH (Month) 2 (Day) 28 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 9, 1888
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Ironshire, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas H Tilghman
14. MOTHER'S MAIDEN NAME Mary Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Wm Tilghman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple fractures of chest & legs, Contusions (multiple)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Instant.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) along railroad tracks
(CITY OR TOWN) Route 13 north of Salisbury (COUNTY) (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 28 1949 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Markings along track would indicate deceased jumped from fast moving train and rolled 8-100 ft before coming to rest (3/28/49 dec)

22. I hereby certify that I attended the deceased from 2-28, 19....., to 2-28, 1949, that I last saw the deceased ~~alive~~ dead on 2-28, 1949, and that death occurred at 3:59P m., from the causes and on the date stated above.

SIGNATURE Robert R. Starr (Degree or title) ADDRESS Salisbury, Md. DATE SIGNED 3-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/3/49
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REG. 3-1-49
REGISTRAR'S SIGNATURE Mary W. Holloway Deputy
24. FUNERAL DIRECTOR Hill & Johnson Co ADDRESS Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 4 1949
BUREAU V. S.

Dr. Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

332 92a 02117

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbuey
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) E. (Last) West

4. DATE OF DEATH: (Month) February (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 13 1905

9. AGE last birthday: 43-7-20 yrs. (If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY?: —

13. FATHER'S NAME: William West

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 216-01-1628

17. INFORMANT: Mildred J. West

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Aortic Insufficiency

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from Jan. 31, 1949, to Feb. 3, 1949, that I last saw the deceased alive on Feb. 3, 1949, and that death occurred at 10 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): David Gilmore Dr. D — ADDRESS: Salisbury Md. — DATE SIGNED: Feb. 3 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 6 49 — NAME OF CEMETERY OR CREMATORY, LOCATION (City, town, or county) (State): Whatcoat Methodist Snow Hill Md

DATE REC'D BY LOCAL REG.: 2-5-49 — REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy

24. FUNERAL DIRECTOR: Elray E. Dennis — ADDRESS: Snow Hill, Md

RECEIVED
FEB 7 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

976 02118

CERTIFICATE OF DEATH 164c

Reg. Dist. No. 382

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Hoyt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 304. Newton St.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W (Last) Wheaton
4. DATE OF DEATH: (Month) Feb (Day) 26th (Year) 1949
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Oct. 5 1874
9. AGE last birthday: 74 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Retail Furniture
11. BIRTHPLACE (State or foreign country): Dover Sussex Co. Del
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Wheaton
14. MOTHER'S MAIDEN NAME: Mary Ellen Messick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Wilson Wheaton (son) Quantico Road, Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot Wound of Brain — 6 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/20/'49
19b. MAJOR FINDINGS OF OPERATION: Bullet wound of Brain
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Salisbury (COUNTY): Wicomico (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 20 1949 4:00 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Self Inflicted

22. I hereby certify that I attended the deceased from January 19 to Feb 26 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 2:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. T. Fisher M.D. as Deputy Medical Examiner — ADDRESS Salisbury Md. — DATE SIGNED Feb 26, '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb 28-49 — NAME OF CEMETERY OR CREMATORY: Bethel M Cemetery — LOCATION (City, town, or county) (State): Near New Del

DATE REC'D BY LOCAL REG.: 2-28-49 — REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy — 24. FUNERAL DIRECTOR: Holloway Co. — ADDRESS: Salisbury Md. — Walter R. Holloway

VS. A15

RECEIVED
MAR 2 1949
BUREAU V. S.

02119

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1
9da

CERTIFICATE OF DEATH

Reg. Dist. No. 11 336

EVIDENCE FOR CHANGE OF AGE IS ON: Film #G119 - 3-1-49

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar, RFD # 3
STREET ADDRESS (If rural, give location) RFD # 3

3. NAME OF DECEASED (Type or Print) (First) Etta (Middle) Myrtle (Last) White

4. DATE OF DEATH (Month) Feb. (Day) 13 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-10-1882
9. AGE last birthday ~~67~~ 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Greenbackville, Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Major E.Selby
14. MOTHER'S MAIDEN NAME Roxie Dodd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT Henry P.White Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	30 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	3 years
	(c) Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1946, to Febr. 13, 1949, that I last saw the deceased alive on Febr. 13, 1949, and that death occurred at 10 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. V. Bohler, M.D. ADDRESS Delmar Del. DATE SIGNED 2-13-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-16-49
NAME OF CEMETERY OR CREMATORY Mt Olive Methodist
LOCATION (City, town, or county) (State) Delmar, Delaware

DATE REC'D BY LOCAL REG. February 15-49
REGISTRAR'S SIGNATURE Harry E. Hudson Sr.
24. FUNERAL DIRECTOR J. S. Mamel Co. ADDRESS Delmar, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02120

163

CERTIFICATE OF DEATH 472

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FANNIE (Middle) (Last) WHITE

4. DATE OF DEATH: (Month) Feb. (Day) 28 (Year) 1949

5. SEX: F

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 12, 1890

9. AGE last birthday: 58 yrs. If under 1 year: Months. 4 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Tyaskin, Md.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Henry Ross

14. MOTHER'S MAIDEN NAME: Priscilla Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Gertrude Elsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lung. — Interval between onset and death: 2 years.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 June, 1948, to 28 Feb., 1949, that I last saw the deceased alive on 28 Feb, 1949, and that death occurred at 8 45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roland H. Saunders — ADDRESS Nanticoke Md. — DATE SIGNED 2 March 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4 Mar. 1949 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Tyaskin, Wicomico Md

DATE REC'D BY LOCAL REG. 3-3-49 — REGISTRAR'S SIGNATURE: Mary M. Holloway Deputy

24. FUNERAL DIRECTOR: Holloway & Co. — ADDRESS: Salisbury Md. — Walter R. Holloway

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02121

2411 N. Charles Street, Baltimore

204.0

CERTIFICATE OF DEATH

740

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Wicomico	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards — MARYLAND — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EMMA	KATE	WILKINS	Feb	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	MAY-12-1880	68 yrs.	8	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		U.S. Del	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ISAAC Littleton	Plaskett Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		MRS. George Bishop

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Lymphatic leukemia	1 year
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Willards	Wicomico	Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from Jan. 1948, to Day of death, that I last saw the deceased alive on 2-5-49, 19..., and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank K Lewis	M.D.	New Hope-Md	2-5-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 7 1949	New Hope	New Hope-near Willards

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-18-49	Mary W. Holloway Deputy	H. H. Watson	Pocomoke, Md.

VS. A15

2640

RECEIVED
FEB 21 1949
BUREAU V. S.